



PATENT  
450100-03140

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Masafumi Kurashige

Serial No. : 09/842,933

For : SPECIAL EFFECT IMAGE GENERATING  
APPARATUS

Filed : April 26, 2001

Examiner : Victor R. Kostak

Art Unit : 2614

**RECEIVED**

SEP 27 2004

Technology Center 2600

745 Fifth Avenue  
New York, NY 10151  
(212) 588-0800

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 21, 2004.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative



\_\_\_\_\_  
Signature

September 21, 2004

Date of Signature

**AMENDMENT UNDER 37 C.F.R. §1.121**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is responsive to the Non-Final Office Action mailed on June 21, 2004, having a three-month statutory period for response set to expire on September 21, 2004. Please amend the above-identified application as follows.



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New York, NY 10151

Sir:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.  
 The fee has been calculated as shown below.  
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	12	Minus	= 20	0 ×	\$18(9)	= \$00.00
Independent claims	1	Minus	= 3	0 ×	\$86(43)	= \$ .00
Total additional fee for this amendment						\$ .00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
- This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid \_\_\_, or is paid herewith \_\_\_.
- This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of \$ \_\_\_ is attached, which covers the cost of  additional claims \_\_\_ petition for extension of time.
- Charge \$\_\_ to Deposit Account No. 50-0320.
- Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant(s)

By: Dennis M. Smid  
Reg. No. 34,930  
Tel.: 212-588-0800

Name of Applicant, Assignee or Registered Representative

Signature

September 21, 2004

Date of Signature